

United States Dist. Court for the Dist. of Nev.

Emmanuel Caballero

Plaint

vs.

Romeo Aranas, et. al.

DeFs.

Case# 3:19-CV-00079-MMD-CLB

Plaintiffs Exhibits in Support
of F.A.C. (Dkt. 30-1)

Your Honor I accidentally misplaced my exhibits
to F.A.C. (Dkt. 30-1) and barely know what I am doing.
Please grant me leave to file exhibits to F.A.C.
(Dkt. 30-1) attached here in Support of F.A.C.
(Dkt. 30-1)

Respectfully Submitted,

dated this 9 day of July, 2020.



Emmanuel Caballero
#1135573

Plaintiff Pro Se
NNCC

P.O. Box 7000

Carson City, NV.

Please see - "US v. Sanchez, 88 F3d 1243 (D.C. Cir 1995) 89702
"Courts will go to particular pains to protect Pro Se litigants
against consequences of technical errors if injustice
would otherwise result"

EXHIBIT A



Nevada Department of Corrections

Improper Grievance Memo

TO:

Caballero, Emmanuel 1135573

FROM:

DATE:

12.4.18

RE: Improper Grievance #

20063072844

The attached grievance is being returned to you for the following reason(s):

This grievance may NOT proceed to the next level Per AR 740.03,5 due to the following:

- ☐ Non-grievable issue.
 - ☐ State and federal court decision.
 - ☐ State, federal and local laws and regulations.
 - ☐ Parole Board decision.
 - ☐ Lacks standing.
- ☐ Untimely submission.
- ☐ Abuse of Inmate Grievance Procedure.
 - ☐ Any language, writing or illustration deemed to be obscene, profane or derogatory.
 - ☐ A threat of serious bodily injury to a specific individual.
 - ☐ Specific claims or incidents previously filed by the same inmate.
 - ☐ More than one (1) grievance per week, Monday through Sunday.
 - ☐ More than two (2) unfounded, frivolous or vexatious grievances per month.

After correcting the deficiencies(s) listed below; you may re-submit your grievance at the same level.

- ☐ The grievance contains more than one (1) appropriate issue. Only 1 issue is allowed per grievance.
- ☒ No factual harm/loss noted **and/or** no remedy requested.
- ☐ Other; specify:

Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

CCS Bm 12/20/18
 Witness Signature Date

Caballero 4/4 12-20-18
 Inmate Signature Date

cc: Original – Inmate
 Copy - Grievance File



Nevada Department of Corrections

Improper Grievance Memo

10

TO: Caballero, Emmenwel # 1135573
FROM: _____
DATE: 10/17/18
RE: Improper Grievance # 2006 307 2844

The attached grievance is being returned to you for the following reason(s):

This grievance may NOT proceed to the next level Per AR 740.03,5 due to the following:

- ☐ Non-grievable issue.
 - ☐ State and federal court decision.
 - ☐ State, federal and local laws and regulations.
 - ☐ Parole Board decision.
 - ☐ Lacks standing.
- ☐ Untimely submission.
- ☐ Abuse of Inmate Grievance Procedure.
 - ☐ Any language, writing or illustration deemed to be obscene, profane or derogatory.
 - ☐ A threat of serious bodily injury to a specific individual.
 - ☐ Specific claims or incidents previously filed by the same inmate.
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 - ☐ More than two (2) unfounded, frivolous or vexatious grievances per month.

After correcting the deficiencies(s) listed below; you may re-submit your grievance at the same level.

- ☐ The grievance contains more than one (1) appropriate issue. Only 1 issue is allowed per grievance.
- ☒ No factual harm/loss noted **and/or** no remedy requested.
- ☐ Other; specify:

Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

CCS Poma 11/2/18
Witness Signature Date

[Signature] 11-02-18
Inmate Signature Date

cc: Original – Inmate
Copy - Grievance File

ENTERED

NOV 06 2018
DOC 3098 (01/17)

INCC

Log Number

2006 307 2844

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Emmanuel Josiah Caballero I.D. NUMBER: 1135573INSTITUTION: NNCC UNIT: 10A-1M

GRIEVANT'S STATEMENT: Remedy - For the NNCC to return all
Kites/Evidence, starting with the Kite to Dental Dept. on 5-7-2016 to
the current DATE. When Grievant signed Second Level Grievance on
Sept/17/2018 (#20063059305/20063045109) Grievant was told by Case worker
"that administration was not done and therefore would get a copy later." On Sept. 27, 2018

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Emmanuel Caballero DATE: 9-23-18 TIME: 1:30 PMGRIEVANCE COORDINATOR SIGNATURE: Jacob Duda DATE: 9/24/18 TIME: 2:00 PM

GRIEVANCE RESPONSE: _____

BT: RHP

RECEIVED
OCT 17 2018

CASEWORKER SIGNATURE: _____ DATE: _____

___ GRIEVANCE UPHELD ___ GRIEVANCE DENIED ___ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: RHP DATE: 11/2/18___ INMATE AGREES [Signature] INMATE DISAGREESINMATE SIGNATURE: Caballero DATE: 11-2-18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

ENTERED

OCT 10 2018

NNCC

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Emmanuel Josiah Caballero I.D. NUMBER: 1135573
INSTITUTION: N.N.C.C. UNIT #: 10A-1M
GRIEVANCE #: _____ GRIEVANCE LEVEL: INFORMAL
GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

→ Continued - Friday September 21, 2018 Grievant was furnished the Second level Grievance back, With a response stating "You Claims are insufficient and neglect unfounded." Grievant crossed out previous date (Sept-17-18) and wrote new date with initials, under (Sept. 21, 18) Upon going through grievance multiple copies of Kites to dental since 5-7-2016 were missing and a new date of 5-7-2018 in the "OFFICIAL RESPONSE". Grievant believes that the missing Dental Kites, that were stapled Approx. 8 times were intentionally removed, by NDOC, to attempt obstructing Due Processes. However in "NDOC. OFFICIAL Response" I have been seen on 3/17/15, 6/30/16, 12/19/16, 4/3/17, 4/26/17, 9/20/17, 2/26/18, 3/7/18, and 3/22/18, Where are all the Kites for those dates? They were stapled to the back of my 2nd level Grievance (8 times) Grievant ask for REMEDY- Of the rest of Dental Kites to be returned in "good Faith", as this civil matter of Medical Neglect. Has not escalated to "Obstruction", in an attempt to block due process.

→ Note: Per AR740, It is prohibited to Retaliate against an inmate exercising ANY right and that includes retaliatory Inmate transfers. END HERE ←

Original: Attached to Grievance
Pink: Inmate's Copy



State of Nevada Department of Corrections

INMATE GRIEVANCE REPORT

10A X

ISSUE ID# 20063059305

ISSUE DATE: 12/29/2017

INMATE NAME		NDOC ID	TRANSACTION TYPE		ASSIGNED TO	
CABALLERO, EMMANUEL JOSIAH		1135573	RTRN_INF		CLUCAS	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS	
IF	01/17/2018		Denied	CLUCAS	A	
INMATE COMPLAINT						
OFFICIAL RESPONSE						
Inmate Caballero, you have a pending appointment with a Dentist at which time you can discuss your plan of care. All dental appointments are chargeable visits unless the dentist requests a follow-up after a procedure.						

GRIEVANCE RESPONDER

CB my RN CNT III

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: JAN-23-18 10:15 AM

Page 4 of 4

Log Number

20063059305

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Emmanuel Josiah Caballero I.D. NUMBER: 1135573INSTITUTION: N.V.C.C. UNIT: 10-A 5Q

GRIEVANT'S STATEMENT: Remedy: 1. To have a root canal done on my lower back left molar. (NOT EXTRACTION) 2. To have all cavities filled with permanent filling. 3. To have a deep scaling/cleaning performed. 4. To have no additional charge be levied against my account in retaliation. 5. To be done immediately as this issue is over 2 years old and while in pain, I have occurred further injuries/financial loss on acts of N.D.C. Employees and there retaliation. Issue: For

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Emmanuel Josiah Caballero DATE: 12-18-17 TIME: 8:PMGRIEVANCE COORDINATOR SIGNATURE: D. Clark DATE: 12/18/17 TIME: 12:40pm

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: CCS J. Buchanan DATE: 2/13/18

____ GRIEVANCE UPHELD ____ GRIEVANCE DENIED ____ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: R. W. A. A. DATE: 2/12/18____ INMATE AGREES X INMATE DISAGREESINMATE SIGNATURE: Emmanuel Caballero DATE: 2-13-18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

ENTERED

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

DEC 29 2017

NNCC

RECEIVED
 JAN 09 2018

NEVADA DEPARTMENT OF CORRECTIONS GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Emmanuel Josiah Caballero I.D. NUMBER: 1135573INSTITUTION: N.N.C.C. UNIT #: 10-A 5QGRIEVANCE #: _____ GRIEVANCE LEVEL: InformalGRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

approximately 2 years I have been in chronic pain because of a filling fell out of my lower back left molar, because of cavities, because of the lack of a deep scaling/cleaning. My lower back left molar is now going to need a root canal because of the neglect on behalf of R.M.F. Dental dept and it could have been done by a simple filling 2 years ago. I have four other cavities that could have been simple filling and now because of Neglect have gotten to the point of me needing thousands of dollars in dental work. I have been very cordial, despite being in extreme pain, charges being levied against my account, ^(in retaliation) my medical needs being neglected to the point of getting worse and going to cost thousands of dollars in further dental work. I have already tried to address this issue per medical directive 408. I have occurred further injury/pain on behalf of acts of retaliation and omission on behalf of M.D.C./R.M.F. Dental Department/Staff. I submitted Kites/Grievances since 5-7-17 to address this issue and still having pain chewing and eating.

Please Refer to: AR-740

Original: Attached to Grievance
Pink: Inmate's Copy



State of Nevada Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063059305

ISSUE DATE: 12/29/2017

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
CABALLERO, EMMANUEL JOSIAH		1135573	RTRN_L1	DRICHARD	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
1	04/09/2018	4	Denied	DRICHARD	A

INMATE COMPLAINT

OFFICIAL RESPONSE

IM Caballero, you state that you have been kiting Dental since 5/7/2018. You claim you were neglected and any care received was insufficient. You have been seen and received treatment by Dental on: 3/17/15, 6/30/16, 12/19/16, 4/3/17, 4/26/17, 9/20/17, 2/26/18, 3/7/18, and 3/22/18. You no showed for scheduled dental appointments on 1/4/17, 1/19/17, 4/12/17. You also refused the Dentist's recommended treatment on 4/26/17 and 9/20/17. Your claims of insufficiency and neglect are unfounded.

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: APR-10-18 08:43 AM

Page 2 of 2

Log Number _____

**NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCE**

NAME: Emmanuel Josiah Caballero I.D. NUMBER: 1135573INSTITUTION: N.N.C.C. UNIT: 10A-1X

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063059305, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURYINMATE SIGNATURE: Emmanuel Josiah Caballero DATE: 2-13-18

WHY DISAGREE: This Grievance addresses the issue of insufficient dental care administered at N.N.C.C. There was no filling performed on my lower left back molar and my front tooth, in fact there was not any dental work performed since I started Kiting in 5-7-16. Here I am two years later, with sensitive areas of my teeth exposed to further decay that has resulted in additional pain. The time of need came in the beging of 2015, after

GRIEVANCE COORDINATOR SIGNATURE: C. Cerden DATE: 2/13/18

FIRST LEVEL RESPONSE: _____

GRIEVANCE UPHELD _____ GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740

WARDEN'S SIGNATURE: _____ TITLE: _____ DATE: _____

GRIEVANCE COORDINATOR SIGNATURE: R. W. Allen DATE: 4/19/18_____
INMATE AGREES X INMATE DISAGREESINMATE SIGNATURE: Caballero DATE: 6-7-18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt

RECEIVED
MAR 28 2018

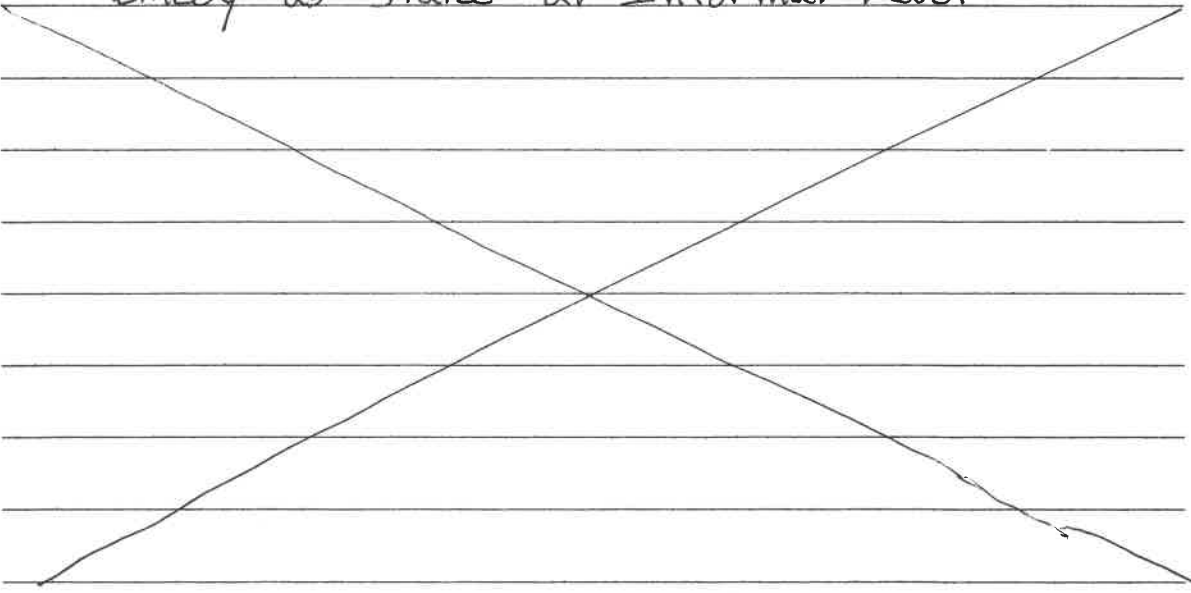
BY: as

DOC 3093 (12/01)

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**NAME: Emmanuel Josiah Caballero I.D. NUMBER: 1135573INSTITUTION: N.N.C.C. UNIT #: 10A-1XGRIEVANCE #: 20063059305 GRIEVANCE LEVEL: FirstGRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

Kiting being ignored in February of 2016, I proceeded to keep sending Kites until 5-17-18
I filed an informal Grievance and still was denied care. The first time of filling dental
Kites, there were additional teeth in need of care that were neglected due to
deliberate indifference of the staffing in the N.N.C.C. Dental Staff.
The responses do not attempt to address the issues raised and therefore
are rejected by Grievant.

Remedy as stated at Informal level



Original: Attached to Grievance
Pink: Inmate's Copy



State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063059305

ISSUE DATE: 12/29/2017

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
CABALLERO, EMMANUEL JOSIAH		1135573	RTRN_L2	MNAUGHTON	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
2	08/14/2018		Resolved	VAUSTIN	INACTIVE

INMATE COMPLAINT

OFFICIAL RESPONSE

Mr. Caballero,
Upon review of your Second Level Grievance and prior Informal and First Level responses your Grievance is resolved. As indicated prior you were seen by dental on multiple occasions and at one point even refused treatment. It is your right to refuse treatment but by doing so you then have no ground to complain that you are being refused treatment. NDOC Dentist do all they can to save teeth and educate inmate on proper oral hygiene however, sometimes extraction is the only resolution.

GRIEVANCE RESPONDER

I disagree ^{EL}

Sept/21/2018

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: AUG-14-18 03:56 PM

Page 5 of 6

✓

LOG NUMBER: 20063059305NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCE

Page 1 of 3

NAME: Emmanuel Josiah Caballero I.D. NUMBER: 1135573INSTITUTION: N.N.C.C. UNIT: 10 A - 1 MI REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063059305 / 20063045109, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 5-9-18WHY DISAGREE: There are numerous errors that need to be addressed before moving forward. Grievant has been corresponding with UNCC Dental since May 07, 2016. Second, UNCC Unit Officers are notorious for not posting the Daily's, and/or refusing to inform inmates when medical calls for them. (An administrative issue). Therefore, missed appointmentsGRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 5-9-18

SECOND LEVEL RESPONSE: _____

GRIEVANCE FILED GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740SIGNATURE: [Signature] TITLE: Acting Med Dir DATE: 8/15/18GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 8/31/18INMATE SIGNATURE: E. Caballero DATE: Sept 17-18Sept-21-18^{2c}

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

ENTERED

MAY 16 2018

NNCC

DOC 3094 (12/01)

Forwarding to AA/Medical should
be assigned. 8/15/18

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: Emmanuel Josiah Cebalero I.D. NUMBER: 1135573

INSTITUTION: N.N.C.C. UNIT #: 10A-1M

GRIEVANCE #: 20063059305 GRIEVANCE LEVEL: Second

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 3

should not be charged personally nor to grievant's inmate account.

As for the purpose of this grievance and the disagreement with a First Level response that reflects a callous indifference to Dental's default treatment of inmate oral pain through the infliction of additional pain by means of the archaic pre-civil war mutilative philosophy of, "If it hurts yank it out or cut it off!"

Therefore, the response is inappropriate and bordering the inhumane where it lacks empathy for an individual choosing to keep the only set of teeth he'll ever have, and the daily pain he's had to endure as a result of Dental's policy to Look you in the mouth with their hand on the Drill and tell you "We'll have to reschedule you later. Don't forget to kite for an appointment."

Knowing full well you have additional work to be done

Original: Attached to Grievance
Pink: Inmate's Copy

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: Emmanuel Josiah Caballero I.D. NUMBER: 1135573

INSTITUTION: N.N.C.C. UNIT #: 10A - 1M

GRIEVANCE #: 20063059305 GRIEVANCE LEVEL: SECOND

GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 3

and the pain you are currently in.

- Remedy -

Fix the problem, medically and administratively.
I do not choose to lose this or any other tooth
that doesn't pose a life threatening danger.

See, *United States v. DeCologero*, 821 F.2d 39, 43 (1987) "Adequate
services are services at a level reasonably commensurate with
modern medical science and of a quality acceptable within
prudent professional standards." ; and, *Jones v. Johnson*, 781
F.2d 769, 771-72 (1986) where the Ninth Circuit held that,
"denial of treatment due solely to budget constraints
evidences deliberate indifference.

Note: per AR740 It is prohibited to retaliate against an
inmate exercising **ANY** right.

Original: Attached to Grievance
Pink: Inmate's Copy

EXHIBIT B

AFFA Davit of (Dental visit on 4-11-19)

4-11-19

After being seen on 12-13-18, my filling fell out 2 days later. I have sent numerous Kites to dental and today 4-11-19, I was on the dental list for 10:30am. I was early and sat until 12 noon. When I stepped in to be seen Jenny Vargus took XRay of my two molars and my two front teeth. Vargus asked me what I needed to be seen for. My reply was the ^(1st) fillings in my front teeth and rear molar had both fell out, ^(and) I have not had my teeth cleaned in years and now have "gingervitis", ^(3rd) I'm in pain and my rear molar is severaly infected. Dr. Benson introduced himself in a professional matter and asked Vargus what are we doing for him today? I immediatley Vargus said he needs his tooth pulled and I interjected at the point she said "he refuses to have it pulled and won't take antibiotics". I said "Dr. Benson I needed my rear molar filled four years ago and instead of preforming a filling the previous dentist refused to see me." When my tooth was beyond repair I filed grievances and when he did do my dental work "he damaged both my front and rear teeth". Vargus continued to interject "until I said "Jenny I did not come to argue" now please let Dr. Benson speak. Dr. Benson sighed and in a professional voice stated "Caballero" "we need to extract your tooth, because its making you sick and its now very infeted." Then he exstacted my tooth in a professional manner. When he was done, he gave me antibiotics, IBprofane. I showed Dr. Benson the 1 inch toothbrush NROC. provides and asked for a regular long handle toothbrush and he said "no problem". But again Vargus interrupted and said "You can't have a toothbrush until I'm provided with a Drs Order." Dr. Benson said "give it to him" and Vargus replied "it has to come from your primary care Dr." At that time the other receptionist

Affadavit of Dental visit on 4-11-19

made a sryde comment about "Maybe we need the lawyers here" Dr. Benson apologized and stated "I Knew there was a catch."

Overall: My visit went well compared to most. But I am disappointed that I'm now missing teeth and will have to pay thousands of dollars in damage repair, due to refusal of dental care and damage done by past Dentist. Dr. Benson seemed like a professional dentist, that stepped into a huge mess left behind by unprofessional people. I wanted to file an "injuction" but have no ideal how and felt helpless.

Sworn under the penalty of perjury

Emmanuel Joseph Caballero 4-11-19

Sworn Affidavit written by Emmanuel Josiah Caballero September 24, 2018

After receiving my second level grievance back from case worker perry, (Denial for dental work) I noticed that there was numerous "Medical Kites missing from the back (addressed to dental/dating back to February 2016) of my grievance" I decided to grieve the missing medical/dental Kites and submitted an "Informal Grievance" over the matter. I further Kited Medical asking to review my medical file for the purpose of retrieving the missing dental/Medical Kites.

Emmanuel Josiah Caballero 9-24-18

Sworn Affidavit Written 10-4-18

At 8:30am I was given 45 mins to review my medical records (except Mental Health). I was told, I would have to pay .60 Cents a page for any copies and that I could not have them, only could send them out. (I thought the price of copies was unreasonable, because copies are normally only ten cents a page in the law library) Upon looking through my records I noticed that all of my Kites to dental were missing, except for 3 to dental. (May 7, 2016 / October 12, 2016 / February 15, 2017) In fact I noticed there was much more missing out of my medical File. I was to be by the nurse standing/watching me the entire time that I was not supposed to be allowed to take notes. I further saw that my First/Initial Classification Dated 3-17-15, stated "Needs Further Dental work". I submitted a 9x12 envelope with my wife's name/address, along with a brass slip for postage and one for 45 copies to Records, but doubt my wife will ever receive the copies.

Emmanuel Josiah Caballero

Emmanuel Josiah Caballero 10-4-18

nncclawlibrary - Activity in Case 3:19-cv-00079-MMD-CLB Caballero v. Aranas et al Answer to Complaint

From: <cmecf@nvd.uscourts.gov>
To: <cmecfhelpdesk@nvd.uscourts.gov>
Date: 4/30/2020 4:25 PM
Subject: Activity in Case 3:19-cv-00079-MMD-CLB Caballero v. Aranas et al Answer to Complaint

This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

District of Nevada

Notice of Electronic Filing

The following transaction was entered by Dunkley, Peter on 4/30/2020 at 4:23 PM PDT and filed on 4/30/2020

Case Name: Caballero v. Aranas et al
Case Number: 3:19-cv-00079-MMD-CLB
Filer: Melissa
Document Number: 14

Docket Text:

ANSWER to [4] Complaint with Jury Demand *Defendant's Answer* filed by Melissa. Discovery Plan/Scheduling Order due by 5/30/2020.(Dunkley, Peter)

NOTICE of Certificate of Interested Parties requirement: Under Local Rule 7.1-1, a party must immediately file its disclosure statement with its first appearance, pleading, petition, motion, response, or other request addressed to the court.

3:19-cv-00079-MMD-CLB Notice has been electronically mailed to:

Northern Nevada Correctional Center nncclawlibrary@doc.nv.gov

Peter E Dunkley pdunkley@ag.nv.gov, ccollins@ag.nv.gov, cfondi@ag.nv.gov

3:19-cv-00079-MMD-CLB Notice has been delivered by other means to:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1101333072 [Date=4/30/2020] [FileNumber=9733274-0
] [ab2c057f98c279994ab6c88d5301da62a51646377c7f89741664a3071845ef8948b
f317114a0db324760c711f43ff8a4fcf2557648628fa66a541f41d1adba69]]

AARON D. FORD
Attorney General
PETER E. DUNKLEY, Bar No. 11110
Deputy Attorney General
State of Nevada
Public Safety Division
100 N. Carson Street
Carson City, NV 89701-4717
Tel: (775) 684-1259
E-mail: pdunkley@ag.nv.gov

*Attorneys for Defendant
Melissa Mitchell*

**UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA**

EMMANUEL CABALLERO,
Plaintiff,
v.
ROMEO ARANAS, *et al.*,
Defendants.

Case No. 3:19-cv-00079-MMD-CLB

**DEFENDANT'S ANSWER
JURY TRIAL DEMANDED**

Defendant, Melissa Mitchell, by and through counsel, Aaron D. Ford, Attorney General of the State of Nevada, and Peter E. Dunkley, Deputy Attorney General, hereby answer as follows:

A. JURISDICTION

1. Defendant admits Plaintiff is presently incarcerated within the Nevada Department of Corrections (NDOC), at Northern Nevada Correctional Center (NNCC) located in Carson City, Nevada.

2. No response is required because Romeo Aranas was dismissed upon screening (ECF No. 3, p. 9:3-4).

3. No response is required because M Naughton was dismissed upon screening (ECF No. 3, p. 9:3-4).

4. Defendant admits Dr. Gene Yup, who is now deceased, was an employee of NDOC. Defendant denies the remainder of the allegations in this paragraph.

5. No response is required because Brian Sandoval was dismissed upon screening (ECF No. 3, p. 9:3-4).

1 6. No response is required because James Dzurenda was dismissed upon screening (ECF
2 No. 3, p. 9:3-4).

3 7. No response is required because Isidro Baca was dismissed upon screening (ECF No. 3,
4 p. 9:3-4).

5 8. Defendant admits she is a Nurse for NDOC at NNCC. Defendant denies the remainder
6 of the allegations in this paragraph.

7 9. No response required.

8 10. No response required.

9 11. This paragraph states a legal conclusion to which no response is required.

10 **B. NATURE OF THE CASE**

11 1. Defendant admits this is a case related to dental treatment and denies all remaining
12 allegations.

13 **C. CAUSES OF ACTION**

14 **COUNT I—Deliberate Indifference—Denied**

15 **Supporting Facts**

16 1. Defendant admits Plaintiff has a history of dental treatment. Defendant denies all
17 remaining allegations.

18 2. This paragraph is unclear, thus Defendant is without knowledge or information sufficient
19 to form a belief and therefore denies all allegations.

20 3. Defendant is without knowledge or information sufficient to form a belief and therefore
21 denies all allegations.

22 4. Defendant is without knowledge or information sufficient to form a belief and therefore
23 denies all allegations.

24 5. Defendant admits there is an Administrative Regulation (AR) 639 which relates to dental
25 work and which speaks for itself. Defendant denies all remaining allegations.

26 6. Defendant denies.

27 7. Defendant denies.

28 8. Defendant denies.

COUNT II—Dismissed on Screening

Paragraphs 1 through 13—Count II was dismissed on screening, no response is required. To the extent a response is required, Defendant denies all paragraphs.

D. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

1. Defendant is without knowledge or information sufficient to form a belief and therefore denies.

2. Defendant is without knowledge or information sufficient to form a belief and therefore denies.

3. Defendant is without knowledge or information sufficient to form a belief and therefore denies.

E. REQUEST FOR RELIEF

1. Defendant denies Plaintiff is entitled any of the relief sought in paragraphs 1-5 in this section of the Complaint (ECF No. 4, p. 12).

F. AFFIRMATIVE DEFENSES

Defendants also assert the following Affirmative Defenses:

FIRST AFFIRMATIVE DEFENSE

The Complaint fails to state a claim upon which relief can be granted.

SECOND AFFIRMATIVE DEFENSE

Defendant are not personally involved in the cause in fact and/or the proximate cause of the alleged constitutional deprivations.

THIRD AFFIRMATIVE DEFENSE

This action is time-barred by applicable statutes of limitations.

FOURTH AFFIRMATIVE DEFENSE

Defendant, at all relevant times, acted in good faith toward Plaintiff. Therefore, Defendant is entitled to qualified good faith immunity from damages.

FIFTH AFFIRMATIVE DEFENSE

Defendant is entitled to qualified and absolute immunity.

///

1 **SIXTH AFFIRMATIVE DEFENSE**

2 At all relevant times herein, Defendant acted in accordance with applicable law and prison
3 procedures that are constitutionally required.

4 **SEVENTH AFFIRMATIVE DEFENSE**

5 Plaintiff failed to state a cognizable constitutional claim under 42 U.S.C. § 1983 and the Nevada
6 Constitution, Article 6, subsection 6, and NRS 41.031.

7 **EIGHTH AFFIRMATIVE DEFENSE**

8 Plaintiff failed to mitigate damages, if any, and therefore, is barred from seeking any damages
9 hereunder.

10 **NINTH AFFIRMATIVE DEFENSE**

11 Plaintiff was himself negligent in his conduct and such negligence is the sole, primary and
12 superseding cause of any damages sustained by him, if any.

13 **TENTH AFFIRMATIVE DEFENSE**

14 To the extent Plaintiff seeks punitive damages, they are barred by law.

15 **ELEVENTH AFFIRMATIVE DEFENSE**

16 Defendant is immune from liability because the acts complained of were discretionary in nature
17 or were performed while carrying out a statute or regulation.

18 **TWELFTH AFFIRMATIVE DEFENSE**

19 At all-time relevant, Defendant holds a good faith belief that Defendant was acting reasonably
20 and that his/her/their actions were privileged and legally justified.

21 **THIRTEENTH AFFIRMATIVE DEFENSE**

22 Plaintiff failed to exhaust administrative remedies as required by the Prison Litigation Reform
23 Act.

24 **FOURTEENTH AFFIRMATIVE DEFENSE**

25 Plaintiff's conduct constitutes a waiver of any alleged wrongful conduct undertaken by the
26 answering Defendants, i.e., Plaintiff denied treatment.

27 **FIFTEENTH AFFIRMATIVE DEFENSE**

28 Plaintiff's conduct ratified any alleged wrongful conduct by the answering Defendant.

1 **SIXTEENTH AFFIRMATIVE DEFENSE**

2 Defendants are immune from liability as a matter of law.

3 **SEVENTEENTH AFFIRMATIVE DEFENSE**

4 Defendant reserves the right to amend this answer to allege additional affirmative defenses if
5 subsequent discovery so warrants.

6 **EIGHTEENTH AFFIRMATIVE DEFENSE**

7 The negligence of Plaintiff caused or contributed to any injuries or damages which Plaintiff may
8 have sustained, and the negligence of the Defendants, if any, requires that the damages of Plaintiff be
9 denied or diminished in proportion to the amount of negligence attributable to Plaintiff.

10 **NINETEENTH AFFIRMATIVE DEFENSE**

11 Defendant cannot be sued for monetary damages while acting in his/her/their official capacity in
12 a civil rights action.

13 **TWENTIETH AFFIRMATIVE DEFENSE**

14 Plaintiff is estopped from pursuing any claim against Defendant in accordance with equitable
15 principles of jurisprudence.

16 **TWENTY FIRST AFFIRMATIVE DEFENSE**

17 The doctrines of res judicata and/or collateral estoppel bar Plaintiff from asserting the matters
18 set forth in his Complaint and also acts as a bar to any relief sought by Plaintiff.

19 WHEREFORE, Defendant prays for relief as follows:

- 20 1. That Plaintiff take nothing by virtue of his Complaint.
21 2. For attorney fees and costs of suit herein.
22 3. A jury trial is demanded.

23 DATED this 30th day of April, 2020.

24 AARON D. FORD
25 Attorney General

26 By: 

PETER E. DUNKLEY, Bar No. 11110
Deputy Attorney General

27 *Attorneys for Defendant*
28

CERTIFICATE OF SERVICE

I certify that I am an employee of the Office of the Attorney General, State of Nevada, and that on this 30th day of April, 2020, I caused to be served, a true and correct copy of the foregoing,

DEFENDANT'S ANSWER, by U.S. District Court CM/ECF Electronic Filing on:

Emmanuel Caballero #1135573
c/o Law Librarian
Northern Nevada Correctional Center
P.O. Box 7000
Carson City, NV 89702
lawlibrarian@doc.nv.gov



An employee of the
Office of the Attorney General

EXHIBIT C

C/C - File

PRINT NAME: Emmanuel Caballero
(Also print name and ID# at bottom of form where indicated)ID# 1135573Institution: N.N.C.C.Date submitted: 2/15/17Unit/House: 5A-17BMedical: ☐Dental: ☒Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

I have "multiple cavities" that I have been "Kiting" to get filled for over a year. I feel my cavities are getting worse and my teeth hurt. I have over 6 to 15 years left, so please take care of my dental work.

Thank you

DO NOT WRITE IN AREA BELOW

Response to request:

- ☐ Appointment Schedule for: / / Rescheduled for: / /
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: / /

PLAN

- ☐ Follow-up appointment / / ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider _____

Date / /

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or SERVICE REPORT

NAME: Caballero Emmanuel J
Last First MISIGNATURE: Emmanuel CaballeroID#: 1135573

PRINT NAME: Emmanuel Josiah Caballero

(Also print name and ID# at bottom of form where indicated)

ID#: 1135573

DOB: 2 / 29 / 1984

Institution: N.N.C.C.

Date submitted: 11 / 16 / 17

Signature: E. Caballero

Medical: ☐

Dental: ☒

Mental Health: ☐

Nursing: ☐

Other: _____

Reason for request: (Describe below)

So I know you are very busy, with a ton of people on your workload. I was just wondering when we were going to be able to fill these four cavities and if you maybe forgot about me? I check the list everyday and am afraid of the dentist. Thank You

DO NOT WRITE IN AREA BELOW

Response to request:

You are on the NNCC dental list. Appointments are scheduled according to the date on the first kite received. Once your turn comes up you will be scheduled. No further kites are necessary.

11/20/17

☐ Appointment Schedule for: / /

Rescheduled for: / /

☐ No visit necessary

☐ No Show for Appointment

☐ Refused to be seen. DOC 2523-Release of Liability signed

NOV 20 2017

PRESCRIPTIONS

☐ KOP ☐ NON-KOP

☐ Order Date: / /

PLAN

☐ Follow-up appointment / /

☐ Return if needed

☐ No follow-up required

Signature/Title of Provider _____

Date / /

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**

NAME: Caballero Emmanuel J

Last

First

MI

ID#: 1135573

Unit/Cell#: 10A-5Q

ATT: Dental Dept.

SIGNATURE: Emmanuel Josiah Caballero ID# 1135573
 (Also print name and ID# at bottom of form where indicated)
 Institution: N.N.C.C. Date submitted: 4/27/2018 Unit/House: 10-A-1X
 Medical: ☐ Dental: ☒ Mental Health: ☐ Nursing: ☐ Other: _____

Reason for request: (Describe below)

I believe I have an abscess along the gum line where the last dental work was done. I am experiencing nausea, vomiting, soreness local to the gum line, and fever

DO NOT WRITE IN AREA BELOW

Response to request:

You have been placed on the
Urgent Care dental list.

Thank you, NNCC / Dental Dept.

DATE _____

- ☐ Appointment Schedule for: ____ / ____ / ____ Rescheduled for: ____ / ____ / ____
☐ No visit necessary
☐ No Show for Appointment
☐ Refused to be seen. DOC 2523-Release of Liability signed **APR 30 2018**

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
☐ Order Date: ____ / ____ / ____

PLAN

- ☐ Follow-up appointment ____ / ____ / ____ ☐ Return if needed
☐ No follow-up required

Signature/Title of Provider _____

Date ____ / ____ / ____

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
 SERVICE REPORT**

NAME: Caballero Emmanuel J
 Last First MI

ID# 1135573

cc: file

★ Dental

PRINT NAME: Emmanuel Josiah CaballeroID# 1135573

(Also print name and ID# at bottom of form where indicated)

Institution: N.N.C.C.Date submitted: 9/27/18Unit/House: 10A-1MMedical: ☐Dental: ☒Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

I asked your department again 3 months ago (on Kiosk, Newbroken) to see me for ^{Pain} cavities, gum disease, deep scaling/cleaning and of course the root canal. Your response was the same "You don't do root canals and I'm on the list for cleaning, check dental list" Well I have four cavities on my front top teeth that the dentist (Aslanbay) supposedly fixed, but he never did, he just brushed them. I understand after 3 years, I'm still in pain. My right side process will be blocked. I'm not going to receive proper medical. Please at least fix my cavities and my pain.

DO NOT WRITE IN AREA BELOW

Response to request:

I UNDERSTAND, BUT SINCE IT'S ONLY ME AND DR. WE HAVE BEEN CLEANING UP. YOU ARE ON THE LIST. JUST BE PATIENT AND I'LL GET YOU IN.

RECEIVED OCT 02 REC'D

☐

Appointment Schedule for: _____

Rescheduled for: _____

☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐

Order Date: _____

PLAN

☐

Follow-up appointment _____

☐

Return if needed

☐

No follow-up required

Signature/Title of Provider _____

Date _____

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORTNAME: Caballero Emmanuel

J

Last

First

MI

SIGNATURE: Emmanuel CaballeroID#: 1135573

★ 4/6 file

SIGNATURE: Emmanuel Josiah Caballero
(Also print name and ID# at bottom of form where indicated)ID# 1135573Institution: N.H.C.C.Date submitted: 10/17/18
At 9:30AM appointmentUnit/House: 10A-1MMedical: ☐Dental: ☒Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below) "My Dental Problems" Plan?

(First) Dr. Peterson my #4 Front/Top teeth have cavities facing my palate. (Second) My bottom Molars
(Third) My gums. (Fourth) My left side/bottom rear molar (needs a root canal) (Fifth) My teeth have
been hurting for a long, long time. (Sixth) My teeth are in dire/desperate need of a deep
sealing/cleaning. I am aware that your equipment is limited and you are the prominent
Dentist, I just wanted to give you another list of the problems I've been waiting to get
fixed since 2015. Please do what you can with the equipment you do have. Thank You

DO NOT WRITE IN AREA BELOW

Response to request:

- ☐ Appointment Schedule for: ____ / ____ / ____ Rescheduled for: ____ / ____ / ____
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: ____ / ____ / ____

PLAN

- ☐ Follow-up appointment ____ / ____ / ____ ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider

Date

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORT

NAME: Caballero Emmanuel Josiah
Last First MIID# 1135573

SIGNATURE: Emmanuel Caballero ID# 1135573
 (Also print name and ID# at bottom of form where indicated)

Institution: N.N.C.C. Date submitted: 11 / 25 / 2018 Unit/House: 10A-40

Medical: ☐ Dental: ☒ Mental Health: ☐ Nursing: ☐ Other: _____

Reason for request: (Describe below)
 *Remedy-Schedule me a priority appointment, to fill the Premolar filling that fell out today and has me in excruciating pain. Problem has resulted because of dental dept. neglect, to fill the filling that fell out of the molar (next to premolar) and resulted in dentine decay, the crown chipping leading to exposed pulp cavity/nerve and blood supply. Because of the molar leaving my premolar in a more vulnerable position, my premolar filling has now fell out. I do not want the exact same thing to happen to this tooth, due to dental dept neglect. Please fix promptly, to prevent further damage. DO NOT WRITE IN AREA BELOW due to "Prolonged Negligence"

Response to request:
 You are on the NNCC Dental List. Appointments are scheduled according to the date on the first kite received. No further kites are necessary. Your patience is greatly appreciated.

WAA
12.10.18
NOV 27 2018

☐ Appointment Schedule for: ____ / ____ / ____ Rescheduled for: ____ / ____ / ____
☐ No visit necessary
☐ No Show for Appointment
☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐ KOP ☐ NON-KOP
☐ Order Date: ____ / ____ / ____

PLAN

☐ Follow-up appointment ____ / ____ / ____ ☐ Return if needed
☐ No follow-up required

Signature/Title of Provider _____ Date ____ / ____ / ____

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and/or SERVICE REPORT

NAME: Caballero Emmanuel J
 Last First MI
 ID# 1135573

c/c.v.e.

SIGNATURE: E. CaballeroID# 1135573

(Also print name and ID# at bottom of form where indicated)

Institution: N.N.C.C.Date submitted: 12 / 04 / 2018Unit/House: 10A-4-0Medical: ☐Dental: ☐Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

Question: Is the reason my dental need have been rejected the result of the Departments policy towards inmates receiving root canals, fillings and crowns an otherwise preferred treatment superior to extraction; or is the Department denying such treatment because they have hired personnel untrained or unqualified to execute said procedures?

DO NOT WRITE IN AREA BELOW

Response to request:

☐

Appointment Schedule for: _____

Rescheduled for: _____

☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐

Order Date: _____

PLAN

☐

Follow-up appointment _____

☐

Return if needed

☐

No follow-up required

Signature/Title of Provider _____

Date _____

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**

NAME: Caballero Emmanuel J.

Last

First

MI

ID# 1135573cc: File

Dental

SIGNATURE: Emmanuel Caballero

ID# 1135573

(Also print name and ID# at bottom of form where indicated)

Institution: N.N.C.C.

Date submitted: 1/13/19

Unit/House: 10A-40

Medical: ☐

Dental: ☒

Mental Health: ☐

Nursing: ☐

Other: ☐

Reason for request: (Describe below)

On 1-10-19 you put a filling in tooth #20 and today it fell out. Could you please refill #20 ASAP?

Thank You

DO NOT WRITE IN AREA BELOW

Response to request:

You are on the NNCC Dental List. Appointments are scheduled according to the date on the first kite received. No further kites are necessary. Your patience is greatly appreciated.

JAN 15 2019

☐ Appointment Schedule for: / / Rescheduled for: / /

☐ No visit necessary

☐ No Show for Appointment

☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐ KOP ☐ NON-KOP

☐ Order Date: / /

PLAN

☐ Follow-up appointment / /

☐ Return if needed

☐ No follow-up required

Signature/Title of Provider

Date

NEVADA DEPARTMENT OF CORRECTIONS

NAME: Caballero Emmanuel

MEDICAL KITE and/or
SERVICE REPORT

Last

First

MI

ID# 1135573

SIGNATURE: Emmanuel CaballeroID# 1135573

(Also print name and ID# at bottom of form where indicated)

Institution: N.N.C.C.Date submitted: 3/22/19Unit/House: 10A-40Medical: ☐Dental: ☒Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

Have severe nerve pain in my mouth and multiple dental problems. I was last seen months ago and you put a filling back in that fell out, that filling fell out the next day. I put a Kite in and you said I was on the list, but I've checked the list everyday and not been on it once. I know the nurse supervisor said "my care was done" in dental, but I seriously need more work and I'm subjected to permanent damage if the don't get fixed. My front filling fell out to and I'm afraid that even more permanent damage may happen if my medical is further denied.

DO NOT WRITE IN AREA BELOW

Response to request:

You are on the list. Your patience is appreciated.
KH 3/22/19

☐

Appointment Schedule for: _____ / _____ / _____

Rescheduled for: _____ / _____ / _____

☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐

Order Date: _____ / _____ / _____

PLAN

☐

Follow-up appointment _____ / _____ / _____

☐

Return if needed

☐

No follow-up required

Signature/Title of Provider _____

Date _____ / _____ / _____

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**

NAME: Caballero Emmanuel

Last

First

MI

ID# 1135573

SIGNATURE: Emmanuel CaballeroID# 1135573

(Also print name and ID# at bottom of form where indicated)

Institution: N.M.C.C.Date submitted: 4 / 17 / 2019Unit/House: 10A-40Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐Other: ☐

Reason for request: (Describe below)

① When I was in Dental last week my blood pressure was 137 over 95 and I don't want to have a stroke. ② Dr. Johns put me in for chronic care and said I would be seen every 6 months. (I haven't been seen) ③ I am out of my KOP medication and being refused, when I ask for it. ④ Dr. Benson prescribed me a long handle toothbrush and "Jenny Vargas" refused to give it to me until I am seen by a regular doctor. ⑤ I am in pain have fatigue. ⑥ Dr. John ordered a Ultrasound and other tests.

DO NOT WRITE IN AREA BELOW

Response to request:

☐Appointment Schedule for: / / Rescheduled for: / / ☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐Order Date: / /

PLAN

☐Follow-up appointment / / ☐

Return if needed

☐

No follow-up required

Signature/Title of Provider

Date / /

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or SERVICE REPORT

NAME: Caballero Emmanuel J

Last

First

MI

ID# 11355734-17-19

PRINT NAME: Emmanuel Josiah Caballero
 (Also print name and ID# at bottom of form where indicated)

ID#: 1135573
 DOB: 2 / 29 / 1984

Institution: N.N.C.C. Date submitted: 6 / 2 / 2020

Signature: Caballero

Medical: ☐ Dental: ☒ Mental Health: ☐ Nursing: ☐

Other: _____

Reason for request: (Describe below)

RECEIVED JUN 04 2020

I'm in pain because my upper molars filling has fell out.
The molar is directly above tooth #19, that you guys pulled
out last time I was in dental. Please refill a.s.a.p and
get me out of this painful eating predicament.

Thank You

DO NOT WRITE IN AREA BELOW

Response to request:

You are on the NNCC Dental List.
 Appointments are scheduled according to
 the date on the first kite received. No
 further kites are necessary. Your
 patience is greatly appreciated!

6/8/20 B

- ☐ Appointment Schedule for: ____ / ____ / ____ Rescheduled for: ____ / ____ / ____
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: ____ / ____ / ____

PLAN

- ☐ Follow-up appointment ____ / ____ / ____ ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider _____

Date ____ / ____ / ____

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or SERVICE
 REPORT**

NAME: Caballero, Emmanuel Josiah
 Last First MI

ID#: 1135573

Unit/Cell#: U-4-31-I c/c file

PRINT NAME: Emmanuel Josiah Caballero
 (Also print name and ID# at bottom of form where indicated)

ID#: 1135573DOB: 2 / 29 / 1984Institution: N.N.C.C. Date submitted: 6 / 2 / 2020Signature: CaballeroMedical: ☐Dental: ☒Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

I'm in pain because my upper molars filling has fell out.
 The molar is directly above tooth #19, that you guys pulled
 out last time I was in dental. Please refill a.s.a.p. and
 get me out of this painful eating predicament.

Thank You

DO NOT WRITE IN AREA BELOW

Response to request:

- ☐ Appointment Schedule for: ____ / ____ / ____ Rescheduled for: ____ / ____ / ____
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: ____ / ____ / ____

PLAN

- ☐ Follow-up appointment ____ / ____ / ____ ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider

Date

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
REPORT

SERVICE

NAME: Caballero, Emmanuel Josiah
 Last First MI

ID#: 1135573Unit/Cell#: U-4-31-I c/c file